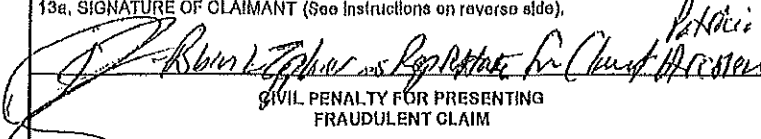
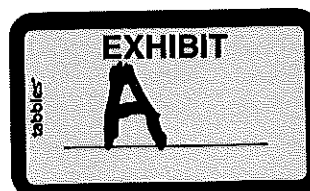


<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  See Attached			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Patricia Arcoren, [REDACTED], Rosebud, SD 57570, Claimant; Robin L. Zephler, PO Box 9460, Rapid City, SD 57709, 605-342-0097, Representative.		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS single	6. DATE AND DAY OF ACCIDENT 09/14/2020	
7. TIME (A.M. OR P.M.) 2:10 p.m.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  PLEASE SEE ATTACHED					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  N/A					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  PLEASE SEE ATTACHED					
11. WITNESSES					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
PLEASE SEE ATTACHED					
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).					
100,000.00		10,000,000		10,100,000	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).   Patricia Arcoren CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM				13b. PHONE NUMBER OF PERSON SIGNING FORM 605-342-0097	
14. DATE OF SIGNATURE 8-19-22				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)	
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).					



## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

16. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).  
N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.  
C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

United States Attorney General  
U.S. Department of Justice  
Attn: Attorney General  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

Regional Director, Department of Interior  
Bureau of Indian Affairs  
Great Plains Regional Office  
115 Fourth Avenue SE, Suite 400  
Aberdeen, SD 57401

United States Department of the Interior  
Office of the Solicitor  
Division of General Law, Torts Practice Branch  
505 Marquette Ave., N.W., Suite 1800  
Albuquerque, MN 87102

Rosebud Sioux Tribe  
Law Enforcement Services  
PO Box 840  
Rosebud, SD 57570

Department of the Interior  
1849 C Street N.W.  
Washington, DC 20240

Bureau of Indian Affairs  
PO Box 228  
Mission, SD 57555

8. Claimants Patricia Arcoren, Cecilia Fast Horse, and the Decedent Cecilia M. Willcuts are Native American and living within the boundaries of the Rosebud Sioux Tribe Indian Reservation. Decedent Cecilia M. Willcuts also lived within the boundaries of the Rosebud Sioux Tribe Indian Reservation at the time of said accident. All of the claimants, including the Decedent, were and are Rosebud Sioux Tribal members.

On or about September 14, 2020, Decedent Cecilia M. Willcuts and Claimant Patricia Arcoren were traveling west in a funeral caravan on Highway 18 near Mission South Dakota. Decedent Cecilia Willcuts was driving a 2019 Kia Soul and Patricia Arcoren was the front seat passenger. Cecilia Willcuts is Arcoren's aunt. While waiting for traffic to go, the tortfeasor and

Rosebud Sioux Tribe Law Enforcement's Confidential Informant, Diana Swift, who was the operator of the 2009 Silver Chevrolet Impala, was traveling eastbound on Highway 18 at a high rate of speed, while intoxicated, and slammed head-on into Decedent Willcuts' vehicle. The sudden, severe and traumatic head-on collision caused Claimant Patricia Arcoren serious bodily injuries and caused fatal injuries to Decedent Cecilia M. Willcuts. Claimant Patricia Arcoren was transported to the Rosebud I.H.S. Hospital in Rosebud, South Dakota and then airlifted out to Sioux Falls, to receive urgent treatment for her severe injuries. Decedent, Cecilia Willcuts, died at the scene of the accident, after surviving for a brief moment due to her mortal, fatal injuries.

At the time prior to and on September 14, 2020, to the best of Claimants' reasonable and good faith belief, the tortfeasor driver, Diana Swift, was and/or is, a confidential informant for Rosebud Sioux Tribe Law Enforcement and/or Rosebud Sioux Tribe Public Safety and/or the U.S. Department of Justice and/or the U.S. FBI, and/or the Bureau of Indian Affairs.

10. Claimant Patricia Arcoren has suffered extreme fright, anxiety, pain, suffering, medical costs (past and future), emotional distress, disability, scarring, embarrassment, loss of enjoyment of life, disfigurement, mental anguish, depression, and humiliation and severe emotional distress as a bystander to Cecilia Willcut's injuries and death, as a result of the fatal motor vehicle accident caused by the Rosebud Law Enforcement's confidential informant, Diana Swift for her reckless actions causing permanent injuries to Claimant Patricia Arcoren. The Rosebud Law Enforcement Services' own negligence in its failure to adequately/reasonably supervise/train/hire/screen Diana Swift, individually and jointly and severally, contributed to Claimant Patricia Arcoren's injuries and damages. Patricia continues to suffer from her permanent injuries.

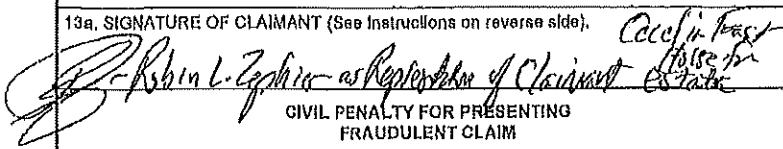
Claimant Cecilia Fast Horse lost her daughter Cecilia M. Willcuts, and she has suffered extreme past, present and future pain, anguish, fear, anxiety, horror, loss of comfort, loss of enjoyment of life, loss of companionship, loss of advice, loss of counsel, loss of support, grief, shock, worry, negligent infliction of emotional distress, pecuniary loss, wrongful death, survivorship damages, and depression as a result of the gross negligence of Rosebud Law Enforcement's confidential informant, Diana Swift. Decedent did not immediately die, but suffered temporary mortal pain and emotional distress. The Rosebud Law Enforcement Services' own negligence in its failure to adequately/reasonably supervise/train/hire/screen their own confidential informant Diana Swift, contributed to the death of Decedent Cecilia M. Willcuts.

11.

Claimant Patricia Arcoren

Claimant Cecilia Fast Horse

Please see the accident report, attached, for the names of all potential witnesses.

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1106-0008	
1. Submit to Appropriate Federal Agency:  See Attached			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Cecilia Fast Horse, Special Administrator of the Estate of Cecilia M. Willcuts, [REDACTED], Mission, SD, Claimant; Robin L. Zephier, PO Box 9460, Rapid City, SD 57709, 605-342-0097, Representative.		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS single	6. DATE AND DAY OF ACCIDENT 09/14/2020	
7. TIME (A.M. OR P.M.) 2:10 p.m.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  PLEASE SEE ATTACHED					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  N/A					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  PLEASE SEE ATTACHED					
11. WITNESSES					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
PLEASE SEE ATTACHED					
12. (See instructions on reverse). AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
12d. TOTAL (Failure to specify may cause forfeiture of your rights).					
100,000.00		500,000.00		10,000,000	
10,600,000					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).   CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM				13b. PHONE NUMBER OF PERSON SIGNING FORM 605-342-0097	
14. DATE OF SIGNATURE 8-19-22				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).					



## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).  
N/A

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

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The amount claimed should be substantiated by competent evidence as follows:

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(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.  
C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
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United States Attorney General  
U.S. Department of Justice  
Attn: Attorney General  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

Regional Director, Department of Interior  
Bureau of Indian Affairs  
Great Plains Regional Office  
115 Fourth Avenue SE, Suite 400  
Aberdeen, SD 57401

United States Department of the Interior  
Office of the Solicitor  
Division of General Law, Torts Practice Branch  
505 Marquette Ave., N.W., Suite 1800  
Albuquerque, MN 87102

Rosebud Sioux Tribe  
Law Enforcement Services  
PO Box 840  
Rosebud, SD 57570

Department of the Interior  
1849 C Street N.W.  
Washington, DC 20240

Bureau of Indian Affairs  
PO Box 228  
Mission, SD 57555

8. Claimants Patricia Arcoren, Cecilia Fast Horse, and the Decedent Cecilia M. Willcuts are Native American and living within the boundaries of the Rosebud Sioux Tribe Indian Reservation. Decedent Cecilia M. Willcuts also lived within the boundaries of the Rosebud Sioux Tribe Indian Reservation at the time of said accident. All of the claimants, including the Decedent, were and are Rosebud Sioux Tribal members.

On or about September 14, 2020, Decedent Cecilia M. Willcuts and Claimant Patricia Arcoren were traveling west in a funeral caravan on Highway 18 near Mission South Dakota. Decedent Cecilia Willcuts was driving a 2019 Kia Soul and Patricia Arcoren was the front seat passenger. Cecilia Willcuts is Arcoren's aunt. While waiting for traffic to go, the tortfeasor and



Rosebud Sioux Tribe Law Enforcement's Confidential Informant, Diana Swift, who was the operator of the 2009 Silver Chevrolet Impala, was traveling eastbound on Highway 18 at a high rate of speed, while intoxicated, and slammed head-on into Decedent Willcuts' vehicle. The sudden, severe and traumatic head-on collision caused Claimant Patricia Arcoren serious bodily injuries and caused fatal injuries to Decedent Cecilia M. Willcuts. Claimant Patricia Arcoren was transported to the Rosebud I.H.S. Hospital in Rosebud, South Dakota and then airlifted out to Sioux Falls, to receive urgent treatment for her severe injuries. Decedent, Cecilia Willcuts, died at the scene of the accident, after surviving for a brief moment due to her mortal, fatal injuries.

At the time prior to and on September 14, 2020, to the best of Claimants' reasonable and good faith belief, the tortfeasor driver, Diana Swift, was and/or is, a confidential informant for Rosebud Sioux Tribe Law Enforcement and/or Rosebud Sioux Tribe Public Safety and/or the U.S. Department of Justice and/or the U.S. FBI, and/or the Bureau of Indian Affairs.

10. Claimant Patricia Arcoren has suffered extreme fright, anxiety, pain, suffering, medical costs (past and future), emotional distress, disability, scarring, embarrassment, loss of enjoyment of life, disfigurement, mental anguish, depression, and humiliation and severe emotional distress as a bystander to Cecilia Willcut's injuries and death, as a result of the fatal motor vehicle accident caused by the Rosebud Law Enforcement's confidential informant, Diana Swift for her reckless actions causing permanent injuries to Claimant Patricia Arcoren. The Rosebud Law Enforcement Services' own negligence in its failure to adequately/reasonably supervise/train/hire/screen Diana Swift, individually and jointly and severally, contributed to Claimant Patricia Arcoren's injuries and damages. Patricia continues to suffer from her permanent injuries.

Claimant Cecilia Fast Horse lost her daughter Cecilia M. Willcuts, and she has suffered extreme past, present and future pain, anguish, fear, anxiety, horror, loss of comfort, loss of enjoyment of life, loss of companionship, loss of advice, loss of counsel, loss of support, grief, shock, worry, negligent infliction of emotional distress, pecuniary loss, wrongful death, survivorship damages, and depression as a result of the gross negligence of Rosebud Law Enforcement's confidential informant, Diana Swift. Decedent did not immediately die, but suffered temporary mortal pain and emotional distress. The Rosebud Law Enforcement Services' own negligence in its failure to adequately/reasonably supervise/train/hire/screen their own confidential informant Diana Swift, contributed to the death of Decedent Cecilia M. Willcuts.

11.

Claimant Patricia Arcoren

[REDACTED]  
[REDACTED]

Claimant Cecilia Fast Horse

[REDACTED]  
[REDACTED]

Please see the accident report, attached, for the names of all potential witnesses.

ZEPHIER & LAFLEUR, P.C.

\*Robin L. Zephier  
rzephier@azlaw.pro

\*Also licensed in  
Colorado

PO BOX 9460  
Rapid City SD 57709-9460  
(2020 West Omaha St.)  
TEL: (605) 342-0097  
FAX: (605) 342-5170

Jon J. LaFleur  
jlaflaur@azlaw.pro

August 19, 2022

United States Attorney General  
U.S. Department of Justice  
Attn: Attorney General  
950 Pennsylvania Avenue, NW  
Washington, DC 20530-0001

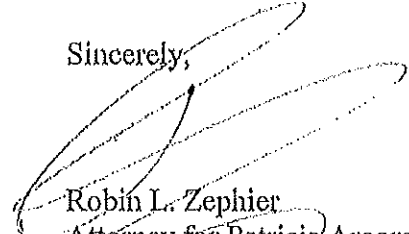
Re: Federal Tort Claim of Patricia Arcoren and Cecilia Fast Horse as Special  
Administrator/Special Administrator of the Estate of Cecilia Willcuts, Deceased

To Whom it May Concern:

Enclosed, please find two (2) Federal Tort Claim's with attachments regarding the above-referenced matter.

Please provide written proof of your receipt of mailing. Thank you for filing this, and responding in a timely fashion.

Sincerely,

  
Robin L. Zephier  
Attorney for Patricia Arcoren and  
Cecilia Fast Horse and the Estate of  
Cecilia Willcuts, Deceased

RLZ/bj  
Encl.

ZEPHIER & LAFLEUR, P.C.

\*Robin L. Zephier  
rzephier@azlaw.pro

\*Also licensed in  
Colorado

PO BOX 9460  
Rapid City SD 57709-9460  
(2020 West Omaha St.)  
TBL:(605)342-0097  
FAX: (605) 342-5170

Jon J. LaFleur  
jlafleur@azlaw.pro

August 19, 2022

Regional Director, Department of Interior  
Bureau of Indian Affairs  
Great Plains Regional Office  
115 Fourth Avenue SE, Suite 400  
Aberdeen, SD 57401

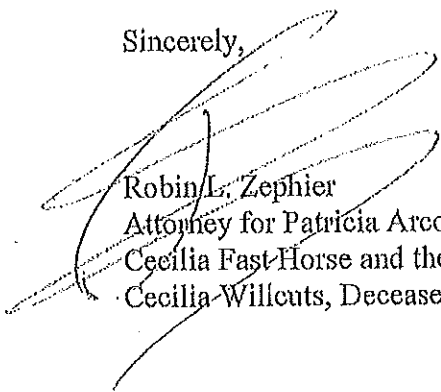
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Sincerely,



Robin L. Zephier  
Attorney for Patricia Arcoren and  
Cecilia Fast Horse and the Estate of  
Cecilia Willcuts, Deceased

RLZ/bj  
Encl.

## ZEPHIER & LAFLEUR, P.C.

\*Robin L. Zephier  
rzephier@azlaw.pro

PO BOX 9460  
Rapid City SD 57709-9460  
(2020 West Omaha St.)  
TBL:(605)342-0097  
FAX: (605) 342-5170

Jon J. LaFleur  
jlaflaur@azlaw.pro

\*Also licensed in  
Colorado

August 19, 2022

United States Department of the Interior  
Office of the Solicitor  
Division of General Law, Torts Practice Branch  
505 Marquette Ave., N.W., Suite 1800  
Albuquerque, MN 87102

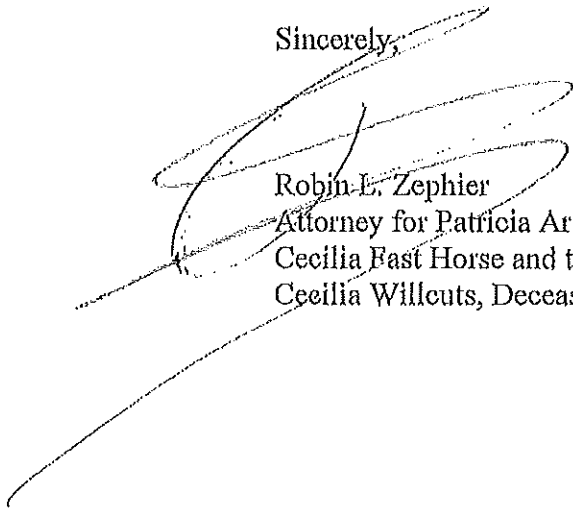
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Please provide written proof of your receipt of mailing. Thank you for filing this, and responding in a timely fashion.

Sincerely,



Robin L. Zephier  
Attorney for Patricia Arcoren and  
Cecilia Fast Horse and the Estate of  
Cecilia Willcuts, Deceased

RLZ/bj  
Encl.

## ZEPHIER & LAFLEUR, P.C.

\*Robin L. Zephier  
rzephier@azlaw.pro

\*Also licensed in  
Colorado

PO BOX 9460  
Rapid City SD 57709-9460  
(2020 West Omaha St.)  
TEL: (605) 342-0097  
FAX: (605) 342-5170

Jon J. LaFleur  
jlaflaur@azlaw.pro

August 19, 2022

Rosebud Sioux Tribe  
Law Enforcement Services  
PO Box 840  
Rosebud, SD 57570

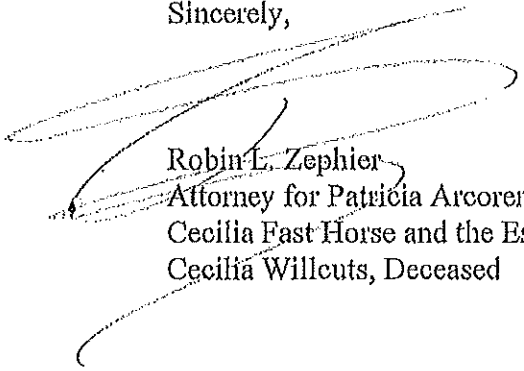
Re: Federal Tort Claim of Patricia Arcoren and Cecilia Fast Horse as Special  
Administrator/Special Administrator of the Estate of Cecilia Willcuts, Deceased

To Whom it May Concern:

Enclosed, please find two (2) Federal Tort Claim's with attachments regarding the above-referenced matter.

Please provide written proof of your receipt of mailing. Thank you for filing this, and responding in a timely fashion.

Sincerely,



Robin L. Zephier  
Attorney for Patricia Arcoren and  
Cecilia Fast Horse and the Estate of  
Cecilia Willcuts, Deceased

RLZ/bj  
Encl.



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jlafleur@azlaw.pro

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Bureau of Indian Affairs  
PO Box 228  
Mission, SD 57555

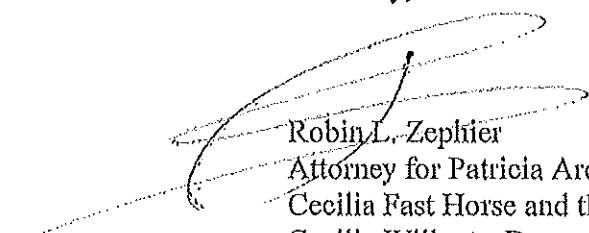
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Department of the Interior  
1849 C Street N.W.  
Washington, DC 20240

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